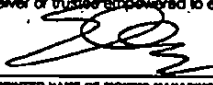


FILED
Apr 08, 2005 8:00 am
Secretary of State

02-25-2005 90025 039 *****55.00

2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L00000002653			
1. Entity Name CREST-HOLDING, L.L.C.			
Principal Place of Business 106 NW DRANE STREET PLANT CITY, FL 33563		Mailing Address 106 NW DRANE STREET PLANT CITY, FL 33566	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
		33563	
4. FEI Number 59-3627991		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent ROOKS, EDWARD M 106 NW DRANE STREET PLANT CITY, FL 33566		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 33563	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)			
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to: Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MEM ROOKS, EDWARD M 106 NW DRANE STREET PLANT CITY, FL 33566 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM Rooks, Edward M. 33563 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MEM ROOKS, ISAAC F JR. 106 NW DRANE STREET PLANT CITY, FL 33566 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM Rooks, Isaac F. Jr. 33563 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company, or the receiver or trustee empowered to execute this report as required by Chapter 606, Florida Statutes.			
SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF BOHARD MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		2-21-05 813-752-2113 Date Daytime Phone #	